PTO/SB/06 (07-06)

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U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/539,725			ing Date 20/2005	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN
⊢	FOR		NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	OR	RATE (\$)	FEE (\$)
×	BASIC FEE (37 CFR 1.16(a), (b),	_	N/A	LD INO	N/A		N/A	150	ı	N/A	TLL (0)
	SEARCH FEE	or (c))	N/A		N/A	ı	N/A		1	N/A	
-	(37 CFR 1.16(k), (i), (ii)	ΞE	N/A	-	N/A		N/A		ı	N/A	
	(37 CFR 1.16(o), (p), (FAL CLAIMS	or (q))	minus 20 =				x \$ =		OR	x s =	
IND	CFR 1.16(i)) EPENDENT CLAIM	s	minus 3 = *			ı	x s =		Oit	x s =	
	CFR 1.16(h)) APPLICATION SIZE (37 CFR 1.16(s))	FEE sheer is \$29 additi 35 U.	If the specification and drawing sheets of paper, the applicatio is \$250 (\$125 for small entity) additional 50 sheets or fraction 35 U.S.C. 41(a)(1)(G) and 37 (n size fee due for each n thereof. See						
Ш	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))										
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL	150	ı	TOTAL	
									ER THAN		
AMENDMENT	03/23/2010	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16())	• 12	Minus	·· 42	= 0		X \$26 =	0	OR	x s =	
z	Independent (37 CFR 1,16(h))	• 1	Minus	···4	= 0	1	X \$110 =	0	OR	x s =	
ΜĒ	Application Size Fee (37 CFR 1.16(s))										
Ĺ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
							TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE	
(Column 1) (Column 2) (Column 3)											
L		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
Z.	Total (37 CFR 1,16())		Minus	**	=		x \$ =		OR	x s =	
AMENDMENT	Independent (37 CFR 1.16(h))		Minus	***			x \$ =		OR	x s =	
핇	Application Size Fee (37 CFR 1.16(s))										
ΑM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
									OR	TOTAL ADD'L FEE	
" If the entry in column 1 is less than the entry in column 2, write "o" in column 3. " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.											

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